

USAREUR INDIVIDUAL REINTEGRATION CHECKLIST
(AE Reg 600-8-109)

For use of this form, see Deployment Cycle Support CONPLAN (2 May 03).

Data required by the Privacy Act of 1974.

Authority: PL 53-579, 1974; 5 U.S.C. 552a; 10 U.S.C. 3013; and AR 600-8-101.

Purpose(s): To ensure soldiers, civilians, and family members are properly reintegrated.

Routine use(s): The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

1. Date (yyyy/mm/dd)		2. Name (last, first, MI)		3. Social security number	
4. Service affiliation		5. Component		6. Status	
<input type="checkbox"/> USA	<input type="checkbox"/> USCG	<input type="checkbox"/> Active	<input type="checkbox"/> TPU	<input type="checkbox"/> RET	
<input type="checkbox"/> USN	<input type="checkbox"/> PHS	<input type="checkbox"/> Guard	<input type="checkbox"/> IRR	<input type="checkbox"/> NG10	
<input type="checkbox"/> USAF	<input type="checkbox"/> NOAA	<input type="checkbox"/> Reserve	<input type="checkbox"/> IMA	<input type="checkbox"/> NG32	
<input type="checkbox"/> USMC	<input type="checkbox"/> Nonmilitary	<input type="checkbox"/> AGR			
9. Nonmilitary status			10. Travel status		
<input type="checkbox"/> DOD	<input type="checkbox"/> Contractor	<input type="checkbox"/> AAFES	a. Unit order		
<input type="checkbox"/> DAC	<input type="checkbox"/> Red Cross	<input type="checkbox"/> Other (specify)	b. Individual		
12. MOS			13. ASI		14. Citizenship country
15. Language specialties		16. REFRAD date (yyyy/mm/dd)			17. Deployment country
18. Parent unit		19. Parent UIC		20. Unit DSN number	21. Unit civilian number

Overall Status of Each Section

22. In theater <input type="checkbox"/> Go <input type="checkbox"/> No Go	23. Personnel <input type="checkbox"/> Go <input type="checkbox"/> No Go	24. Finance <input type="checkbox"/> Go <input type="checkbox"/> No Go	25. Installation <input type="checkbox"/> Go <input type="checkbox"/> No Go	26. Medical <input type="checkbox"/> Go <input type="checkbox"/> No Go
27. Security <input type="checkbox"/> Go <input type="checkbox"/> No Go	28. Legal <input type="checkbox"/> Go <input type="checkbox"/> No Go	29. Reserve specific <input type="checkbox"/> Go <input type="checkbox"/> No Go	30. Civilian employee specific <input type="checkbox"/> Go <input type="checkbox"/> No Go	

Section I - Reintegration Validation

Part A. Accuracy statement: I understand I am certified for reintegration and, to the best of my knowledge, all information on this form is correct and current.

1. Printed name of soldier	2. Grade	3. Title
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Part B. Commander's acknowledgment: (Commanders may approve an individual for reintegration based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I acknowledge the checklist findings.

1. Printed name (Cdr or AG)	2. Grade	3. Title
4. Signature	5. Address	
6. Civilian number	7. E-mail address	8. DSN number
		9. Fax number

The Reintegration Checklist is filed in the soldier's personnel packet to complete the action.

Name (last, first, MI)		SSN			
"AE" tasks are USAREUR-specific; "PRE-BL" tasks are completed before block leave.					
DCSP#	Section II - DCSP Mandated Tasks Completed In Theater	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.1.1	Receive soldier/small unit leader tip card, as applicable.	X			
1.1.2	Reunion briefing.	X			
1.1.3	Suicide Awareness training.	X			
1.1.4	Redeployment Medical Threat briefing.	X			
1.1.5	Soldier Life Experience briefing.	X			
1.1.6	Complete post deployment health assessment (DD Form 2796).	X			
1.2.4	DCS command information briefing.	X			
1.4.4	Finance and legal briefing.	X			
AE 1.1.7	Antiterrorism force protection (ATFP) level I.	X			
AE 1.1.8	Sexual Misconduct Awareness training.	X			
AE 1.2.5	Postal change of address.	X			
Signature of certifying official (LTC or higher)		Grade/title	Date		
DCSP#	Section III - DCSP Family Member/Care Provider Specific Tasks	Yes	No	Date (yy/mm/dd)	
1.5.1	Receive Army One Source information.				
1.5.13	Family members receive reunion basics training.				
1.5.14	Receive health threat briefing.				
1.5.15	Spouses receive briefing on potential signs and symptoms of distress, if applicable.				
1.5.16	Changes in relationships briefing.				
1.5.17	Spouses undergo marital-enrichment assessment, if applicable.				
1.5.18	Child-care providers receive information on potential child behaviors of returning personnel.				
1.5.19	Child-care providers receive information on single-parent soldier issues.				
DCSP#	Section IV - Personnel	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.2.3	Records update and evaluation reports completed (OER/NCOER) (if required).	X			
1.2.3	Promotion/awards during deployment documented in ORB/ERB.	X			
1.5.11	Ensure DD Form 214 is prepared and submitted, if applicable.	X			
2.1.10	Communication with spouse briefing.	X			
2.1.11	Communication with children briefing.	X			
AE 2.1.13	Executed pre-block leave safety briefing and assessment.	X			
AE 2.1.13.1	Completed Driver's Risk Assessment Questionnaire, if required by Army in Europe Command Policy Letter 3.	X			
AE 2.1.14	Viewed Driving in Europe video and Winter Driving 2003 briefing.	X			
AE 2.1.15	Completed Day 1 unit-specific tasks (for example, meal card, ration card, barracks).	X			
AE 2.1.16	Register soldiers, families, and civilians in IACS.				
AE 2.1.20	Ensure leave form (DA Form 31) is completed for scheduled post-deployment leave.	X			
AE 2.1.21	Advise unit mail room/consolidated mail room (UMR/CMR) of your return.	X			
AE 2.2.15	EMILPO release from attachment transactions submitted, if applicable.				
AE 2.2.16	Verify individual PERSTEMPO updated.	X			
AE 2.2.17	Review and update emergency data record (DD Form 93) and SGLV (DD Form 8286/8286A).	X			
AE 2.4.10	If assigned TCS to your deployed unit, ensure outprocessing complete (individual augmentee only).				
AE 2.5.4	Received ACAP career counseling, if applicable (DD Form 2648).				
Signature of personnel official		Grade/title	Date		
DCSP#	Section V - Finance	PRE-BL	No Go	Go	Date (yy/mm/dd)
2.4.6	Verify that OIF finance office stopped HFP/IDP/CZTE/HDP-L (stopping any entitlements, if applicable).	X			
AE 2.4.8	Submit TCS/TDY travel settlement to close out DOD charge cards and any advance received.	X			
AE 2.4.11	Stop FSA with effective date = date of return to PDS (if applicable).	X			
AE 2.4.12	Verify/update (dependent) COLA, BAS, and other current pay entitlements.	X			
AE 2.4.13	Stop SDP allotment contributions and/or stop/change regular allotments.				
Signature of finance official		Grade/title	Date		
DCSP#	Section VI - Installation	PRE-BL	No Go	Go	Date (yy/mm/dd)
2.5.3	Report theft/lost/damage of personal property with HHG contractor on delivery.	X			
AE 2.5.5	Complete HHG/personal property arrangements.	X			
AE 2.5.6	Reactivate car insurance.				
AE 2.5.7	Obtain/replace expired car registration documents.				
AE 2.5.8	Replace expired drivers license.				
AE 2.5.9	Retrieve stored POV.				
AE 2.5.10	Notify military police of any damage to POV if POV is in motor pool or contracted facility.				
AE 2.5.11	Cleared quarters, BOQ, BEQ, if applicable.				
AE 2.5.12	Received family readiness group information.				
Signature of installation official		Grade/title	Date		

Name (last, first, MI)		SSN			
DCSP#	Section VII - Medical	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.1.6	Verify post deployment health assessment (DD Form 2796) is complete and in medical records/MEDPROS.	X			
2.1.3	Receive medical briefing in central region.	X			
2.2.12	Conduct MMRP, MEB, and PEB.				
2.3.1	Obtain initial TB test and schedule 90-day TB test.	X			
2.3.4	Complete medical screening and schedule referrals as indicated.	X			
2.3.5	Provide serum/blood sample for storage.	X			
2.3.7	Verify deployment medical record (DD Form 2766) was turned into medical treatment facility.	X			
AE 2.3.1.1	Verify initial TB test is documented in medical records and in MEDPROS.	X			
AE 2.3.5.1	Verify serum/blood sample is documented in medical records and in MEDPROS.	X			
AE 2.3.17	Verify dental classification.				
AE 2.3.18	Vision screening complete.				
AE 2.3.19	Receive required immunizations.				
AE 2.3.20	Verify medical emergency tags.				
Signature of medical official		Grade/title		Date	
DCSP#	Section VIII - Security	PRE-BL	No Go	Go	Date (yy/mm/dd)
AE 2.2.18	Account for all COMSEC equipment.	X			
AE 2.2.19	Account for all classified material accessed during deployment.	X			
AE 2.2.20	Badges or devices for secure areas turned in, as required.	X			
AE 2.2.21	Receive handling of classified material briefing.	X			
Signature of security official		Grade/title		Date	
DCSP#	Section IX - Legal	PRE-BL	No Go	Go	Date (yy/mm/dd)
2.5.4	Notify SJA of any damage to stored POV using DD Form 788 within 2 years.	X			
AE 2.4.14	Counseled on claims filing procedures.				
AE 2.4.15	Receive legal services (for example, update wills, powers of attorney), if necessary.				
Signature of legal official		Grade/title		Date	
DCSP#	Section X - Reserve Component Tasks	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.5.11	Ensure DD Form 214 is prepared and submitted.	X			
2.4.1	Received information on transition entitlements, legal rights, SSCRA.				
2.4.2	Received information on 18-year sanctuary (retirement), if applicable.				
2.4.8	Complete advance pay action to close out DOD charge cards.				
2.3.10	Received copy of medical profile (DA Form 3349) before separation, if applicable.				
2.3.11	Convert identified soldiers to ADME status.	X			
2.4.13	Received information on readjustment to the civilian workplace, reemployment rights, SSCRA.				
AE 2.1.18	Contacted civilian employer.				
AE 2.1.19	Turn-in active duty ID card and receive Reservist 1st ID card.	X			
Signature of Reserve official		Grade/title		Date	
DCSP#	Section XI - Civilian Employee Tasks	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.4.3	Update deployment information in CIVTRACKS (completed in theater).	X			
2.3.12	Extend health care for deployment-connected conditions to DA civilians.	X			
2.3.3	Received Office of Workers Compensation Program (OWCP) process for occupational illness/injury.				
AE 1.4.3.1	Update emergency database.				
AE 2.2.23	Initiate restoration of annual leave.				
AE 2.2.24	Verify completion of annual personnel appraisal, if needed.				
Signature of civilian personnel official		Grade/title		Date	